UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (TWIN	NFALLS)	
Name of Debtor	Case Number	
Vladimir Paniouchkine Tatvana Paniouchkine	99-41879	
NAMES OF THE OWNER OWNER OF THE OWNER O		
particular to \$1 U.S.C. \$585 Ft.		fr 18-18-18-18-18-18-18-18-18-18-18-18-18-1
personal to 11 U.S.C. 1993	24 7	
Name of Creditor (The person or other entity to whom the debtor	Check box if you are aware that	16 18 18 18 18 18 18 18
owes money or property):	anyone else has filed a proof of	ļ
Jay D Sudweeks Name and Address where notices should be sent:	claim relating to your claim. Attach	
ivalue and Address where notices should be sent:	copy of statement giving particulars. Check box if you have never	
Jay D Sultiweeks POB 1840 Twin Falls, ID 83301	received any notices from the	
Twin Falls, ID 83301	bankruptcy court in this case.	
	☐ Check box if the address differs	THIS SPACE IS FOR COURT USE ONLY
	from the address on the envelope sent to you by the court.	
Telephone Number:		
Account or other number by which creditor identifies debtor:	Check here if Preplaces this claim Pamends a previously	. Glad alaine days
1. Basis for Claim	Retiree benefits as defined in 11 U.S.(y filed claim, dated
☐ Goods sold	Wages, salaries, and compensation (fil	ll out below)
☐ Services performed ☐ Money loaned	Your SS #: _527 66 9619	1
Personal injury/wrongful death	Unpaid compensation for services per fromto	formed
☐ Taxes	(date) (date)	
Other		
2. Date debt was incurred: 3/28/99	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed:	\$ 1668.85	
If all or part of your claim is secured or entitled to priority, also con	mplete Item 5 or 6 below	
Check this box if claim includes interest or other charges in addinterest or additional charges.	lition to the principal amount of the claim.	Attach itemized statement of all
5. Secured Claim.	6. Unsecured Priority Claim.	
☐ Check this box if your claim is secured by collateral	Check this box if you have an unsecure	od priority claim
(including a right of setoff). Brief Description of Collateral:	Amount entitled to priority \$	
Real Estate Motor Vehicle	Specify the priority of the claim:	\$4.200\ *
□ Other	☐ Wages, salaries, or commissions (up to before filing of the bankruptcy petition	or cessation of the debtor's
Value of Calletands	business, whichever is earlier - 11 U.S.	C. § 507(a)(3).
Value of Collateral: \$	Contributions to an employee benefit p	lan - 11 U.S.C. §507(a)(4).
	Up to \$ 1,950* of deposits toward pure services for personal, family, or househ	nase, lease, or rental of property or
	☐ Alimony, maintenance, or support ower	d to a spouse, former spouse, or
Amount of arrearage and other charges at time case filed	child - 11 U.S.C. § 507(a)(7).	
included in secured claim, if any: \$	☐ Taxes or penalties owed to government ☐ Other - Specify applicable paragraph of	al units - 11 U.S.C. § 507(a)(8).
	*Amounts are subject to adjustment on 4/	1/01 and every 3 years thebeafter
7. Credits: The amount of all payments on this claim has been	with respect to cases commenced on or	THIS SPACETS FOR COURT USE ONLY
making this proof of claim.		
 Supporting Documents: Attach copies of supporting docume orders, invoices, itemized statements of running accounts, contri- 	ents, such as promissory notes, purchase	B S.
agreements, and evidence of perfection of hen. DO NOT SE	END ORIGINAL DOCUMENTS of the I	- S - S - S
documents are not available, explain. If the documents are volun	ninous, attach a summary	3 5
 Date-Stamped Copy: To receive an acknowledgment of the filit addressed envelope and copy of this proof of claim. 	ng of your claim, enclose a stamped, self-	COURTS
======= on-entry and copy of this proof of claim.		9: 2
Date Sign and print the name and title, if any, of the cre	ditor or other person authorized to file	5m 6 /
this claim (attach copy of power of attorney, if any	y):	1 1 1 1 1
		$1 \sim \nu - 1/I$
12/20199 Juich Braske	مرح مر در ر	

ng fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

--- DEFINETORS ---

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also Unsecured Claim.)

Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as Unsecured Nonpriority Claims.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Total Amount of Claim at Time Case Filed:

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

5. Secured Claim:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

6. Unsecured Priority Claim:

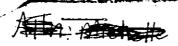
Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

7. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

8. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.



BUNKER SAWMILL

1455 Sundog Ranch Road PRESCOTT, ARIZONA 86301 (520) 445-2374

•	(020) (13 23)4			
CUSTOMER'S ORDER NO.	PHONE	DATE		
19842	BIEC 8366731	3-2	19-9	9/
1.00				
ADDRESS Welaw	are city Pa	wer &	20 cent	
0 .		,		Ī
	e RT9		Δ	_
() elarun	CHARGE ON ACCT, MDSE.RE	<i>\</i>	ray 1	ran
SOLD BY CASH C.O.D.	CHARGE ON ACCT, MDSE.RE	T'D. PAID OUT	-	
		1		
QTY.	DESCRIPTION	PRICE	AMOU	NT
10 DD 4	" ROF Sch 165		!	
10 DR 4 Alo 66	WITH NOT 160			-
H1066	3 standar	+		
		-		
			į	
				- 1
	4. 1]	
	to be Belled	2		
				,
			į	
	•			
			į	
				ļ
, -		TAX		
RECEIVED BY	<u> </u>		 i .	20
1 course (1)	nis sould	TOTAL	1531	_

71270

All claims and returned goods MUST be accompanied by this bill.

PRODUCT 610

Thank You



BUNKER SAWMILL

1455 Sundog Ranch Road PRESCOTT, ARIZONA 86301 (520) 445-2374

	•	(020)	773.6377				
CUSTOMER'S	S ORDER NO.	PHONE	-/ -2 /	DATE 2	0.0		
NAME			67-4212			/	
ADDRESS	eern Ca	riterience	el Coust /6	Rev-	7 1/		
1260	Garaca	gn IV			/ /las	nlrai	25
& Ba	CASH C.O.D.	·		ţ		<i></i>	\prec
SOLD BY	CASH C.O.D.	CHARGE O	N ACCT, MDSE.RET'D	PAID OUT	7	,	
QTY.	l Di	 ESCRIPTION	4	PRICE	AME	DUNT	<u> </u>
10	18 11 21	PE 850,	1538s.			- - 	
							.
į						l 	
	-/.	he.	helled			† † 	
	(h)fin	<i>J</i>	٥ .				
	(h) fin)	/WV-			<u> </u>		
RECEIVED BY				TAX		1	
				TOTAL	137	115	j

71271

All claims and returned goods MUST be accompanied by this bill.

PRODUCT 610

Thank You